

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**  
 02-15-2000 90042 015 \*\*\*\*61.25

**DOCUMENT # F97000003076**

1. Entity Name

**NASHVILLE INNER CITY MINISTRY, INC.**

Principal Place of Business	Mailing Address
185 ANTHES DR. NASHVILLE TN 37210	185 ANTHES DR. NASHVILLE TN 37210-2161

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
58-1519894	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	WALLER, GARY	
STREET ADDRESS	6208 RIVER OAKS CT.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, MAC	
STREET ADDRESS	5533 SADDLEWOOD LANE	
CITY-ST-ZIP	NASHVILLE TN 37027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YATES, OLIVER	
STREET ADDRESS	5214 MEADOW LAKE RD.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	<input type="checkbox"/> Delete
NAME	CATES, PAUL	
STREET ADDRESS	8223 HALFORD PL.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOCKE, PAUL	
STREET ADDRESS	6575 MANLEY LN.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	B	<input type="checkbox"/> Delete
NAME	NETTERVILLE, JOHN	
STREET ADDRESS	2461 N BERRY'S CHAPEL RD	
CITY-ST-ZIP	BRENTWOOD TN 37027	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Brentwood Tn 37027
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Oliver Yates* **1-25-2000** **(615)373-1951**

017 (3/99)